

Application Data Sheet

Application Information

Application number::	
Filing Date::	04/14/04
Application Type::	Regular
Subject Matter::	Utility
Title::	METHODS AND APPARATUS FOR OBTAINING ENDOLUMINAL ACCESS
Attorney Docket Number::	021496-000700US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	1B
Total Drawing Sheets::	6
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	VAHID
Family Name::	SAADAT
City of Residence::	Saratoga
State or Province of Residence::	CA
Street of Mailing Address::	12679 Kane Drive
City of Mailing Address::	Saratoga
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	95070

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: DESMOND
Family Name:: BIRKETT
City of Residence:: Boston
State or Province of Residence:: MA
Street of Mailing Address:: 8 Charles River Square
City of Mailing Address:: Boston
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02114-3266

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: CHRIS
Family Name:: ROTHE
City of Residence:: San Jose
State or Province of Residence:: CA
Street of Mailing Address:: 1593 Sabina Way
City of Mailing Address:: San Jose
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95118

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: TRACY
Family Name:: MAAHS
City of Residence:: Rancho Santa Margarita
State or Province of Residence:: CA
Street of Mailing Address:: 11 Paseo Simpatico
City of Mailing Address:: Rancho Santa Margarita
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92688

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Assignee Information

Assignee Name:: USGI Medical Corp.
Street of mailing address:: 3511 Thomas Road, Suite 1
City of mailing address:: Santa Clara
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92688